*lum molybdites* is one of these. Detailed reporting is needed among these "minor" poisonings, and the report elsewhere in this issue is a welcome addition to the sparse literature in this area.

Among the mysteries surrounding the minor poisonings is the persistent finding that the same species of mushroom may be toxic to some persons and not to others, toxic at some times and not at others, and toxic at some localities and not at others. Until recently much of the available literature has been from European sources. Yet the toxicity of European species seems to differ from that noted in the same, or closely related mushrooms in North America. Two excellent books on mushroom poisoning have become available.[7,8] Both accurately summarize what is known and contain much practical information on diagnosis and treatment.

The mushroom clubs and societies and regional poison centers have been instrumental in providing careful toxinomic identification and in collecting detailed reports of toxic episodes. Especially noteworthy have been the efforts of the Puget Sound Mycological Society and the Rocky Mountain Mushroom Club. Gratifying progress has been made but more needs to be done by both physicians and amateur mycologists to advance the current state of knowledge about these minor poisonings. These episodes while usually not fatal can cause a period of grave discomfort and, not infrequently, require admittance to hospital. It is well to remember also that minor illness becomes major in the very young, the very old and the unwell.

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# Medicine by the Decades—Next the 1980's

IT IS SOMETIMES convenient to divide the course of events into blocks of time such as decades or even centuries. Each of the past four decades has been a special time in the evolution of medicine and health care in this nation, and the 1980's seem likely to be no exception.

In retrospect, during the 1940's World War II produced unprecedented clinical advances in medicine, surgery and psychiatry. With the then readily available funds, both accumulated and new scientific knowledge were applied in often dramatic fashion, and the nation was greatly impressed. The 1950's saw an unprecedented and remarkably productive effort in biomedical research also generously supported by the federal government. The results, both real and speculative, were widely publicized as they developed, and the hopes and expectations of the public for better health began to rise. In the 1960's major legislation was enacted to reap the harvest of this biomedical research and to make its real and imagined benefits more readily available to the public. The goal was to assure access to high quality health care to all. Again it was assumed that all that was needed would be another infusion of dollars. But this time the assumption was somewhat less valid. In the 1970's it began to become apparent that a disparity had come into being between what medical science can do and what the nation, through either the public or private sector, can or is willing to afford. The medical profession and indeed the whole health enterprise found themselves caught in harsh pincers of virtually infinite expectations on the one hand and relatively finite resources on the other. The issue focused on costs and the decade was one of tightening and loosing of the federal pincers, the latter occurring as yet another federal initiative proved ineffective. Thus the stage is set for the 1980's.

It is suggested that the decade of the 1980's will also make its distinctive mark. There are already some signs of what this might be. Modern science and technology are having profound impact not only upon medicine and health care, but upon the nation and world. Besides raising more or less infinite aspirations and expectations in a world of finite resources, modern science and

technology are producing a framework of human as well as technological interdependence which as yet is only poorly recognized, let alone understood. In rough terms aspirations and expectations equate with freedom, independence and personal fulfillment, while a framework of increasing social, economic, political and also technological interdependence equates more with a need for some kind of regulation or control. Both independence and interdependence are central to the very personal issues of health and health care, and it seems reasonable to anticipate that medicine and the health care enterprise will be very much involved in the political as well as the technological process of sorting out new approaches to dealing with these conflicting realities in the 1980's. There are already indications that this may likely be the case.

It would seem that the best and perhaps the only way to maintain freedom and independence within a framework of de facto interdependence is to govern as much as possible by voluntary consensus or agreement among autonomous and independent persons, groups of persons, and institutions within both the public and private sectors. This is quite different from the adversary system which is so much the modus operandi in America today, and which incidentally appears often to create more problems than it is solving. For the 1980's medicine and health care seem to have both problems and opportunities *in spades,* as it were. There is still some freedom and independence for both patients and physicians. The reality of interdependence among all of the components of the system is becoming evident enough. The efforts of government unilaterally to regulate and control the system have not worked and will not work because in our American system the power is too diffuse. It is not all with government and it is not all with the private sector.

It is perhaps worth noting that the issues of independence, interdependence and diffusion of power are surfacing with greater sharpness and in greater complexity in medicine and health care than seems to be happening in other segments of society. It would therefore seem that a real challenge for medicine and the health care enterprise in the 1980's will be to develop an approach to voluntary consensus or agreement among autonomous and independent persons, groups of persons and institutions within both the public and private sectors—and show that it works. A beginning and perhaps exploratory step toward voluntary consensus and agreement may have been taken with the voluntary effort at cost control which is now in its third year. It is significant, and even reassuring to point out that so far the voluntary effort has been comparatively successful, and this may be a hopeful sign for the 1980's.

—MSMW